



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hageman, et al.

Group Art Unit: 1646

Examiner: Not Yet Assigned

Title: Therapeutics and Diagnostics for Ocular Abnormalities

CERTIFICATE MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on January 11, 2000.

Carmen Parra
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Customer Corrections Branch
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Sir:

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REQUEST FOR CORRECTION OF FILING RECEIPT

Enclosed is a copy of the Filing Receipt received from the United States Patent and Trademark Office for the above-referenced application. There is an error on the Filing Receipt which is marked in red on the copy. The inventors' information is incorrectly listed the correct names are as follows:

Gregory S. Hageman, Coralville, Iowa;

Marcus H. Kuehn, Amana, Iowa.

Applicants respectfully request issuance of a corrected filing receipt for this application.

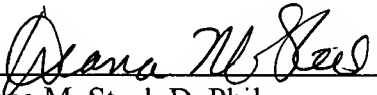
If there are any other fees due in connection with the filing of this Request, please charge the fees to our **Deposit Account No. 06-1448**. 16

If there are any questions regarding the filing of this Request, the Examiner can contact the undersigned Attorney at (617) 832-1272.

Respectfully submitted,
FOLEY, HOAG & ELIOT, LLP

January 11, 2000

Patent Group
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Agent for Applicants

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
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Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/430,195	10/29/99	1646	\$2,856.00	UIA-027.02	27	44	21

DIANA M STEEL
FOLEY HOAG & ELIOT LLP
ONE POST OFFICE SQUARE
BOSTON MA 02109

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ~~GREGORY S. HAGEMAN; MARUS H. KUEHN.~~
~~GREGORY S. HAGEMAN, CORALVILLE, IOWA; MARCUS H. KUEHN, AMANA~~
CONTINUING DATA AS CLAIMED BY APPLICANT- IOWA
THIS APPLN IS A CIP OF 09/183,972 10/29/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99
TITLE
THERAPEUTICS AND DIAGNOSTICS FOR OCULAR ABNORMALITIES
PRELIMINARY CLASS: 530

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F.F. & E. LLP
PATENT DEPT.

DATA ENTRY BY: SASFAI, DAVID J. TEAM: 03 DATE: 11/18/99

(See reverse for new important information)

FILE COPY

SERIAL NUMBER 09/430,195	FILING DATE 10/29/99	CLASS 530	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. UIA-027.02	
APPLICANT	GREGORY S. HAGEMAN, CORALVILLE, IA; MARUS H. KUEHN, AMANA, IA.				
	CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CIP OF 09/183,972 10/29/98 _____				
	371 (NAT'L STAGE) DATA*** VERIFIED _____				
	FOREIGN APPLICATIONS*** VERIFIED _____				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____		STATE OR COUNTRY IA	SHEETS DRAWING 27	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 21
ADDRESS	DIANA M STEEL FOLEY HOAG & ELIOT LLP ONE POST OFFICE SQUARE BOSTON MA 02109				
	TITLE THERAPEUTICS AND DIAGNOSTICS FOR OCULAR ABNORMALITIES				
FILING FEE RECEIVED \$2,921	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		

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The title may be truncated if it consists of more than 4 lines of 70 characters each (letters and spaces combined).

The inventor information may be truncated if the family name consists of more than 25 characters (letters and spaces combined) and if the given name consists of more than 25 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).

The docket number allows a maximum of 12 characters.

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